



PRIVATE WATER SYSTEM REVIEW

Fee: _____

DATE: _____

NAME AND MAILING ADDRESS OF PROPERTY OWNER:

 TELEPHONE (Days): _____

NAME AND MAILING ADDRESS OF APPLICANT:

 TELEPHONE (Days): _____

IDENTIFICATION OF PROPERTY TO BE EVALUATED:

COUNTY: _____
 ASSESSOR'S PARCEL NO. _____
 PARCEL SIZE: _____
 LEGAL DESCRIPTION (Give subdivision, lot, block, or attach Metes and Bounds):

Is the property within the boundaries of a recognized public water utility?
 (If so, give name of utility)

☐ NO ☐ Yes _____

STREET ADDRESS: _____

DRIVING DIRECTIONS: _____

TYPE OF USE:

☐ Residential (single family). Number of homes: ☐ One ☐ Two
 If more than one property is served, you will need to prepare and record a **joint use and maintenance agreement**.

☐ Commercial or Multi-family. Describe number of dwelling units, employees, shifts, type of business, etc.

SOURCE INFORMATION:

☐ Existing ☐ Proposed
☐ Drilled well ☐ Dug well ☐ Spring ☐ Surface water.

The following items must also be submitted:

- ☐ Bacteriological test results
- ☐ Nitrate test results
- ☐ Well log and/or pump test
- ☐ DOE Water Right (springs and surface water)
- ☐ Method of disinfection and filtration. This is required for springs and surface water sources, and for wells that cannot obtain satisfactory bacteriological samples.
- ☐ Restrictive Covenants, if necessary
- ☐ Joint Use and Maintenance Agreement, if necessary
- ☐ Easements, if necessary

SOURCE PROTECTION:

Is the well site at least 100 feet (spring 200 ft) from septic systems, barn, corrals, fuel, fertilizer or pesticide storage or mixing stations, or other potential sources of contamination?

☐ Yes. ☐ No. Please describe: _____

Is the well site at least 100 ft (spring 200 ft) from all property lines?

☐ Yes. ☐ No. Please attach copies of **Restrictive Covenants**.

SYSTEM LAYOUT AND LOCATION SKETCH: Please attach or draw a scaled map of the proposed well and water system. Please include all the items described on the back of this application.

APPLICANT'S STATEMENT: I understand that this review will be based upon the information provided, and on an on-site inspection of the property by Health District personnel. I accept responsibility for correctly identifying the locations of the source site, property lines, and the other items described in this application. I understand that any changes of these locations or inaccuracy in any of the items described may invalidate any approval granted for this application. In the event that approval is denied, I understand I have the option of appeal.

 (Signature)

SYSTEM LAYOUT AND LOCATION SKETCH: In the space below, please provide a plan view drawing of your proposed water system. If an existing plan is to be used, please identify that plan here, and attach this application to it. The plot plan must be drawn to a suitable scale, such as 1 inch = 30 ft. or 1 inch = 50 ft. Include relative elevations, if known. The following items (existing and proposed) must be shown on the plan:

- ☐ Property lines with dimensions.
- ☐ The source, with a 100-ft/200-ft radius circle around it.
- ☐ Surface water, irrigation ditches, drainage ditches
- ☐ Adjacent streets and roads
- ☐ Water lines, reservoirs, pump houses
- ☐ Direction of slope
- ☐ Arrow indicating North
- ☐ Other wells, abandoned wells, septic systems, animal enclosures, etc.
- ☐ Easements, underground utilities
- ☐ Buildings - existing and proposed

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

☐ Approved ☐ Not Approved.

Comments: _____

Signature, Chelan-Douglas Health District Date